## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Samantha J. Busfield and Jean-Luc Villeval (as amended)

Application No.:

09/503,387

Group No.:

1644

Filed:

February 14, 2000

Examiner:

Huynh, Phuong N.

For:

GLYCOPROTEIN VI ANTIBODIES AND USES THEREOF

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## NOTICE OF APPEAL FROM THE PRIMARY EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES (37 C.F.R. SECTION 1.191)

Applicant hereby appeals to the Board from the decision of the Primary Examiner, mailed August 24, 2006, finally rejecting claims: 26-29, 33-47, 53, 54, 65-79 and 87-90

The item(s) checked below are appropriate:

### 1. STATUS OF APPLICANT

This application is on behalf of

(x) other than a small entity.

## CERTIFICATION UNDER 37 C.F.R. SECTIONS 1.8(a) and 1.10\*

I hereby certify that, on the date shown below, this correspondence is being:

#### MAILING

deposited with the United States Postal Service in an envelope addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

37 C.F.R. SECTION 1.8(a)

37 C.F.R. SECTION 1.10\*

with sufficient postage as first class mail.

as "Express Mail Post Office to Addressee"
Mailing Label No.

**TRANSMISSION** 

□ transmitted by facsimile to the Patent and Trademark Office.

Signature

Date: <u>December 15, 2006</u>

Sean Hunziker

(type or print name of person certifying)

\*WARNING: Each paper or fee filed by "Express Mail" must have the number of the "Express Mail" mailing label placed thereon prior to mailing. 37 C.F.R. section 1.10(b). "Since the filing of correspondence under section 1.10 without the Express Mail mailing label thereon is an oversight that can be avoided by the exercise of reasonable care, requests for waiver of this requirement will not be granted on petition." Notice of Oct. 24, 1996, 60 Fed. Reg. 56,439, at 56,442.

(Page 1 of 3)

13/2006 RFEKADUI 00000026 501668

500.00

	()	a small entity.						
		A statement:						
	( ) is attached. ( ) was already filed on							
2.	FEE FO	R FILING NOT	ICE OF APPEAL	,				
Pursuant to 37 C.F.R. Section 41.20(b)(1), the fee for filing the Appeal Brief is:								
	()	small entity			\$250.00			
	(x)	other than a small entity			\$500.00			
	(^)		and officery	Notice of		<b>d</b>	500.00	
				Notice of A	Appeal fee due _	\$:	500.00	
3.	EXTE	NSION OF TER	M					
	The proceedings herein are for a patent application and the provisions of 37 C.F.R. Section 1.136 app							
	(a) [ ] Applicant petitions for an extension of time under 37 C.F.R. Section 1.136 (fees: 37 C Section 1.17(a)(1)-(4)) for the total number of months checked below:							
		Extension	Fee for othe	r than	Fee for			
		(months)	small enti	ity	small entity			
	( )	one month	\$ 120.00		\$ 60.00			
	ίj	two months	\$ 450.00		\$ 225.00			
	( )	three months	\$1,020.00		\$ 510.00			
	[]	four months	\$1,590.00		\$ 795.00			
	( )	five months	\$2,160.00		\$1,080.00			
			F	ee <u>\$110</u>	0.00			
If a	ın additic	onal extension of	time is required.	please cons	sider this a petition th	erefor.		
			,	<b>P</b>				
			(check and com	plete the ne	ext item, if applicable	)		
	(a)	( ) An extension \$0.00 now red	is deduct			and the fee paid therefor total months of extension		

Practitioner's Docket No. MBIO99-057CP2RCEM

# Practitioner's Docket No. MBIO99-057CP2RCEM

	Extension fee due with this \$0.00 request or						
	(b) ( ) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.						
or							
	(c) (x) Applicant is requesting an extension of time concurrently herewith.						
4.	TOTAL FEE DUE						
The total fee due is:							
	Notice of Appeal fee S500.00 Extension fee (if any) S0.00 TOTAL FEE DUE \$500.00						
5.	FEE PAYMENT						
	( ) Attached is a check in the sum of \$  (x) Charge Account No. 501668 the sum of \$500.00 .  A duplicate of this transmittal is attached.						
6.	FEE DEFICIENCY						
	(x) If any additional extension and/or fee is required, this is a request therefor and to charge Account No. 501668 . AND/OR						
	(x) If any additional fee for claims is required, charge Account No. 501668.						
<u>De</u>	MILLENNIUM PHARMACEUTICALS, INC.  By						